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Complete if Known Application Network Application Number 10/526 AQ-Q-Conf. #3180 FEE TRANSMITTAL For FY 2008 Examiner Name 10/526 AQ-Q-Conf. #3180 Filing Date November 7, 2005 November 7, 2005 N	Under the Pa	perwork Reduction Act of	1995, no person are req	uired to	respond to a collection				COLLEGE HAMBE		
FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27 Art Unit	FEE TRANSMITTAL				10/500 400 0-4 #2400						
First Named Inventor So Youn KIM Examiner Name R. T. Crow Applicant claims small entity status. See 37 CFR 1.27					/ tppiloation (validae)						
Applicant claims small entity status. See 37 GFR 1.27 Art Unit 1634					0.14 14184						
Application Type Fee (S) Fee (THOUTAINIOU INVOINGE						
METHOD OF PAYMENT (check all that apply)					4624						
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Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT	TOTAL AMOUNT OF PAYMENT (\$) 1,150.00			Aπomey Docket No.						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	METHOD OF PAYMENT (check all that apply)										
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Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee	Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 TEE CALCULATION											
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$)	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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Design 210 105 100 50 130 65	Application Ty	ype <u>Fee (\$</u>		Fee (\$		<u>Fee (\$)</u>		Fees	Paid (\$)		
Plant	Utility	310	155	510	255	210	105				
Reissue	Design	210	105	100	50	130	65				
Provisional 210 105 0 0 0 0 0 0 2. 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Short-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 340.00* SUBMITTED BY Signature Registration No. (Attorney/Agent) 42,874 Telephone (703) 205-8000	Plant	210	105	310	155	160	80				
2. EXCESS CLAIM FEES Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Submitted BY Signature Registration No. (Atomoy/Agent) A 2,874 Telephone (703) 205-8000	Reissue	310	155	510	255	620	310				
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Signature Registration No. (Attorney/Agent) 42,874 Telephone (703) 205-8000	CURWITTER										
		Ca Dasc	() #42575			42,874	Telephone	(703) 20	5-8000		
Name (Print/Type) Craig A McRobbie Co. Date September 10, 2008		Name (Print/Type) Craig A. McRobbie									

*One month extension of time fee (\$120.00) was previously paid with Amendment filed on August 11, 2008.